

For taxable year beginning _____, 19 ____, and ending _____, 19 ____.

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE

Calendar year ☐ Fiscal year ☐

Business telephone number ()	Use label. Otherwise please print or type.	Name	Federal employer ID number
Business activity code number (from your federal Form 1120)		Number and street	AZ withholding tax number
		City or town, state, and ZIP code	AZ transaction privilege tax number

Check box if: Information [65]	<input type="checkbox"/> Name change	<input type="checkbox"/> Address change	Yes	No	For DOR use only	
	A Is this amended return based on a federal audit? If yes, attach a copy of the federal audit.					
	B Did you file a federal amended return? If yes, attach a copy of the federal amended return.					
	C Are you changing the method of filing to Arizona?				[88]	
	D If amending a return more than 4 years old, did you attach a copy of your Arizona return as filed and/or corrected?					
	E You are amending your: Original return					
		Amended return				
		Arizona audit			[81]	[66]

	(a) As originally reported or adjusted	(b) Net change increase or (decrease)	(c) Correct amount
Income			
1 Taxable income	00	00	1 00
2 Additions to taxable income	00	00	2 00
3 Total taxable income - add lines 1 and 2	00	00	3 00
4 Subtractions from taxable income	00	00	4 00
5 Arizona adjusted income - subtract line 4 from line 3	00	00	5 00
Apportionment			
Computation			
(Multistate			
Corporations			
Only)			
6 Arizona adjusted income - from line 5 above	00	00	6 00
7 Nonapportionable or allocable amounts	00	00	7 00
8 Adjusted business income - subtract line 7 from line 6	00	00	8 00
9 Arizona apportionment ratio		9 .
10 Income apportioned to Arizona - multiply line 8 by line 9	00	00	10 00
11 Other income or (loss) allocated to Arizona	00	00	11 00
12 Income attributable to Arizona - add lines 10 and 11	00	00	12 00
Arizona			
Taxable			
Income			
13 Arizona income from line 5 or line 12	00	00	13 00
14 Arizona basis net operating loss carryforward	00	00	14 00
15 Arizona income before taxes - subtract line 14 from line 13	00	00	15 00
16 Arizona income tax - accrual basis taxpayers see instructions and check box <input type="checkbox"/>	00	00	16 00
17 Arizona taxable income - subtract line 16 from line 15	00	00	17 00
Tax and			
Credits			
18 Tax - Tax is 9% of taxable income or \$50, whichever is greater	00	00	18 00
19 Tax from recapture of credits - from Arizona Form 300, Part II	00	00	19 00
20 Subtotal - add line 18 and line 19	00	00	20 00
21 Tax credits - from Arizona Form 300, Part II	00	00	21 00
22 Credit type - enter form number for each credit claimed	22 3 3 3		
23 Subtotal - subtract line 21 from line 20	00	00	23 00
24 Correctional industries recapture tax - from Arizona Form 300, Part II ..	00	00	24 00
25 Tax liability - add lines 23 and 24	00	00	25 00
Payments			
26 Retroactive consolidation tax payment credit - see instructions	26	00	
27 Payments (extension, estimated) - from page 2, Schedule D	27	00	
28 Payment with original return plus all payments after it was filed - from page 2, Schedule D	28	00	
29 Total payments - see instructions			29 00
Refund or			
Tax Due			
30 Overpayment, if any, as shown on original return or as later adjusted - see instructions			30 00
31 Total payments applied to amended tax liability - subtract line 30 from line 29			31 00
32 TOTAL DUE - If line 25(c) is larger than line 31, enter the total due			32 00
33 OVERPAYMENT - If line 31 is larger than line 25(c), enter the overpayment			33 00
34 Amount of line 33 to be applied to 1998 estimated tax			34 00
35 Amount to be refunded - subtract line 34 from line 33			35 00

(a) Inventory

(b) Depreciable assets - at original cost

(c) Land

(d) Other - describe

(e) Less construction in progress

(f) Less nonbusiness property

(g) Net annual rent paid for leased property, multiplied by 8

(h) Total real and tangible personal property used

C2 Wages, salaries, commissions and other compensation of employees
as shown per federal Form 1120 or payroll reports

C3 (a) Gross sales, less returns and allowances

(b) Sales delivered or shipped to Arizona purchasers:

(1) Shipped from outside Arizona

(2) Shipped from within Arizona

(c) Sales shipped from Arizona to:

(1) The United States Government

(2) Purchasers in a state where the taxpayer would not be taxable (e.g. under Public Law 86-272)

(d) Other gross receipts (rents, royalties, interest, etc.)

(e) Total sales within Arizona

(f) Double weight sales factor.....

(g) Sales factor ratio. For column (a), multiply line C3(e) by line C3(f); for column (b), add lines C3(a) and C3(d)

C4 Total ratio - add lines C1(h), C2 and C3(g) in column (c)

C5 Average ratio - divide line C4 by four (4). Enter the result here and on page 1, line 9(c)

(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
X 2		

Schedule D Schedule of Payments	A. Payments (Extension, Estimated)	Date of Payment	Amount
1	Estimated payment	_____	_____
2	Estimated payment	_____	_____
3	Estimated payment	_____	_____
4	Estimated payment	_____	_____
5	Extension request payment	_____	_____
6	Total. Add lines 1 through 5 - enter here and on page 1, line 27		

B. Payments (Other)	Date of Payment	Amount
1 Payment with original return....	_____	_____
2 Payment	_____	_____
3 Payment	_____	_____
4 Payment	_____	_____
5 Payment	_____	_____
6 Total. Add lines 1 through 5 - enter here and on page 1, line 28		

Certification

The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here	Officer's signature	Title	Date
	Officer's signature	Title	Date

Paid Preparer's Use Only	Preparer's signature		Date
	Firm's name (or preparer's, if self-employed)		Preparer's TIN
	Firm's address		ZIP code